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APSITHURIA.

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Apsithuria (inability to whisper) is a manifestation of disease not often encountered. Many patients with aphonia (inability to vocalize [phonate]) are supposed to be unable to whisper also, but upon close examination it will be found in the vast majority of instances that the inability to whisper is only apparent. At a short distance from the patient's mouth, not the slightest indication of a whispering sound can be heard. Still, on placing the ear close to the patient's mouth, or on using an ear trumpet, a more or less feeble whisper can be detected; and conversation can even be carried on with the patient in that way, though for the ordinary purposes of life the patient is really as bad off as if the debility of the whisper were an actual inability; and is compelled to resort to tablets or finger-spelling in order to communicate with others. Of cases of this kind I have met several examples. In some of them, the very evidence afforded by the experimental examination just indicated, has restored confidence to the mind; and the ability to whisper has at once begun to increase, and its full power become restored before the aphonia has been overcome. In others, the power of whispering loud enough to be heard in conversation has increased *pari passu* with the recovery of the voice. In one case under my care, on the other hand, there was no increase in the power of the whisper, nor any return of voice.

But these cases are not those to which I wish to call attention in this paper. They are alluded to, in advance, in order to separate more definitely those cases to which the term *apsithuria* is applicable to designate the symptom under consideration—inability to whisper.

Of the latter class of cases I have met but four in the entire course of my practice; two of which came under my care in the ordinary way of practice, and two were sent to me for treatment by professional brethren. I will relate these cases briefly.

Case 1. *April 3d*, 1873. An unmarried young lady, about twenty-two years of age, visited me from another State, with a letter from her physician stating that there was aphonia, with inability to utter the slightest whisper; the latter symptom being of ten months' duration. The most attentive examination with the ear close to the mouth, and with the ear trumpet, enabled me to assure myself that the inability to whisper was real and not apparent. The lady was of rather spare habit, of a consumptive family (two members of which have since died of consumption, without, however, any loss of voice or whisper), anæmic, somewhat emaciated, of a costive habit, and with but little appetite. There was no uterine trouble requiring treatment. She was feeble, though able to take considerable exercise in walking without much fatigue. She presented no appreciable evidence

of a condition which could be denominated hysteria.

Laryngoscopic examination revealed considerable anæmia of all the structures under inspection. The larynx appeared otherwise normal anatomically. There was complete rigidity of the vocal cords in widest extension, without the slightest power of approximation. The respiration was normal in frequence and rhythm, but there was no power of making an audible expiration. Motion of lips and tongue was perfect.

The local application of an electric current of induction (second coil), one electrode upon the internal surface of the interarytenoid commissure, at once restored considerable power in approximation of the vocal cords.

The following prescriptions were ordered to be taken, and the patient was instructed to visit me daily, for the purpose of being subjected to electric treatment:—

[℞. Strychniæ sulphatis, grs.ij
Aquæ, q. s. ad. solve,
Syrupi acaciæ, ad. f.℥iij. M.
Sig. A teaspoonful three times a day, before meals.

℞. Podophyllin, gr.j
Quin, sulph., grs.xvj
Ext. nucis vom., grs.iv
" belladonna, grs.ij
Ol. menth. pip., q. s. M.
Ft. mass. in pil. No. viij div.
Sig. One, night and morning.]

Daily applications of electricity were made to the arytenoid muscle, and to the vocal cords themselves, which eventually effected close approximation of the vocal cords posteriorly, but failed to overcome a slight bulging of the centre of the glottis. Currents of the battery, continuous and interrupted; currents of induction from the first and the second coil, all variously modified as to intensity, continuity, and rapidity of interruption, from the very best apparatus (Brenner's battery, Du Bois Reymond's and Kidder's induction coils), and variously modified as to manner of application, failed to produce any improvement upon the condition already described, though made daily until the 7th of June, at which date I left the city for a summer holiday.

During this time the tonic and aperient treatment had produced an admirable effect upon the general health and the condition of the bowels, so that the pills were kept merely for occasional use. The strychnia was gradually pushed until the patient was taking three-fourths of a grain daily, in divided doses, without any evidence of toxic action, and without any evidence of restoration of the voice.

In addition to the local application of electricity to the larynx, the continuous and interrupted currents of the battery were employed, in all the approved and disapproved methods, to the sympathetic in the neck, and to the regions of the nerves of respiration, as well as to the external muscles of respiration, all without the slightest local benefit.

Treatment was now interrupted for three months, save an occasional visit to the gentleman who took charge of my patients during my absence, to watch the effect of the strychnia, which was administered in smaller doses with more or less regularity, and to receive an occasional repetition of the electric treatment.

In October I again took charge of my patient, who was pretty much in the same condition as when I left her. During the interval, she had had some sore throat, and some slight hæmoptysis; and she had been taking iron and cod-liver oil, and had been placed for a while upon milk diet.

On resuming treatment the administration of strychnia was stopped, and the following substituted:—

℞. Infusi. anthem., f.℥viij
Tr. cinch. co., f.℥iv. M.
Sig. A wineglassful, three times a day, before meals.

In the course of a few weeks, under the influence of a continuous electric current, passed from the nape of the neck to the cervical regions alternately, and to the top of the sternum, the power of whispering was regained, and it has continued to the present time, though there has been no relief to the aphonia. The treatment by electricity was systematically kept up for several months, without any further success, when it was abandoned; and for about a year I have seen the patient, or heard from her by letter at infrequent and irregular intervals. She remains pretty much in the same condition, always feeling better under the influence of some tonic or nervous excitant, such as quinine, iron, strychnia, phosphorus, all of which seem to be of benefit in turn, though incompetent to effect much permanent good.

The general health, though far from good, is better than it has been for years. The past

severe winter was endured without the usual susceptibility to atmospheric influences; but within the last few weeks there has been a weakness of vision, with photophobia, for which the patient is now under special treatment.

The larynx is still anæmic; the vocal cords approximate, but there is a lack of longitudinal tension. The whisper is sufficient for the ordinary requirements of occasional conversation. There has, at no time, been any indication of voice.

Upon some future occasion the subsequent history of this case will be continued.

Case 2. *October 17th*, 1874. On this date I took professional charge of a young lady about twenty years of age, sent to me from the western portion of the United States, with a written history of her case prepared for me by her physician. She was rather slender, bright-faced, with a delicate rosy skin, quite languid, unable to bear fatigue, and with a very poor appetite. There was complete aphonia, and complete apsithuria. Communication from her by writing and signs only. Occasionally, while laughing, a short laryngeal inspiratory chirp would be heard, sometimes loud enough to be distinguished several feet. It could not be produced voluntarily. It was some time before I had an opportunity of hearing this sound, which was clear and entirely free from hoarseness.

The history furnished me was, that "the patient—full faced, with good color, before present attack—has had hysterical symptoms, and lost voice on one occasion for a short time—recovery sudden.

"Last autumn had a slight cold and hoarseness of voice, which in a few hours became reduced to a whisper; cough trifling, and febrile action slight. Active symptoms removed in a few days by warm baths, Dover's powder, etc., leaving the patient with complete aphonia, great lassitude, oppression in chest, and small, nervous cough." A tonic and local treatment was instituted without effect on the voice. After the catamenial period next ensuing, which, though normal, left the patient "with increase of lassitude and oppression," ether was administered diagnostically. There was "much muscular excitement, but no loquacity—spoke once in her struggles, with distinct sound." Local treatment, including applications of the current from a magneto-electric apparatus every second or third day, was continued, but without improvement. "She spoke once or twice during the course of following months, in distinct tone, when excited; laugh resonant."

Further treatment by derivatives, strychnia, stimulants, local astringents and caustics, inhalation of sprays, etc., had proved unavailing.

On examining this patient laryngoscopically, I found a bilateral paretic condition of the vocal cords, the parts appearing anatomically normal. I am not certain that this condition was not due simply to emotion, inasmuch as after a very few (not more than three or four certainly) applications of the electric current (interrupted battery current) of a few seconds' duration each, there was voluntary power of bringing the cords into contact that should have been phonal; but no effort or device was sufficient to throw them into vibration; nor did this take place at any time during the entire course of treatment, which, with infrequent interruptions, was kept up daily until nearly the close of the year. Strychnia was prescribed, and pushed, as in the case already related, and with no better result. The appetite improved a little at times, and then fell off, but the languor and lassitude increased, despite all the attention and comforts which were at the disposal of the patient.

Applications of the continuous current, and of the interrupted current of the battery, were made to the external muscles of respiration, to the region of the sympathetic, to the sternum, and alongside the upper portion of the spine upon both sides. The ascending current, from the sides of the dorsal vertebræ to the corresponding sides of the upper portion of the neck, seemed at times to lessen the languor, but the improvement was very evanescent. The application of the battery current, whether continuous or interrupted, almost always induced slight headache. But few cells (8–12) could be used.

In this case, as in the other, I had the hearty co-operation of the patient in my attempts for her relief.

When the weather became cold it was considered prudent to send this patient to a warm climate, where she could be out a good deal in the open air. She has spent the winter in Florida, with improvement to her general health, but she is still unable to whisper.

Case 3. *December 21st*, 1874. A married man, about forty years of age, of highly nervous temperament, illiterate, and a religious fanatic. Aphonia and apsithuria, both complete, and both of several months' duration, during which

time the inability to speak aloud and to whisper had been absolute and continuous. The man was very much afraid of being hurt, and it was with difficulty he submitted to a laryngoscopic examination. There was bilateral paresis of the vocal cords, with general congestion of the laryngeal and contiguous structures. A guarded prognosis was given, on the basis of the two cases already narrated. Treatment was begun at once by local application of the interrupted battery current (20 cells) to the vocal cords, one electrode being held externally. The treatment cured the aphonia and apsithuria at once, much to my own gratification and to that of the patient, who has since remained in full possession of voice and whisper. He was directed to give up attendance upon religious meetings, and to take, three times a day, a pill containing one-sixth of a grain of phosphide of zinc, and half a grain of extract of ignatii amara. Under this treatment his nervous and mental condition improved very rapidly.

There is no doubt as to the hysterical nature of this case. It is the only case of hysterical aphonia that I can recall, at the moment, in the grown-up male; and the only case of apsithuria that I have seen in the sex.

Case 4. An unmarried lady, of about twenty-two years of age. *September 28th*, 1874. This patient consulted me for complete loss of voice of several months' duration. She was able to whisper satisfactorily at this time. She was moderately well developed, but weak. Her organic functions were in good order. Laryngoscopic examination revealed a congested larynx, with velvety condition of the supra-arytenoid structures, and bilateral phonal paresis of both vocal cords, their respiratory movements being normal. The application of the interrupted current, from twenty cells, at once caused the vocal cords to approximate, but did not overcome the want of longitudinal tension of the cords; so that there was no phonal sound. To render the cords tense I fixed the cricoid cartilage between my two middle fingers, and with the thumb and index finger of each hand upon the thyroid cartilage, pressed that structure down toward the cricoid; and while the parts were maintained in this position, the phonal sound could be made. This manipulation succeeded at many subsequent interviews, and finally the voice returned; but it has never remained for more than a few consecutive days, from that time to this. On many occasions, on the other hand, the power of phonation has continued but a few hours, and sometimes but a few minutes. It is almost always possible to restore the voice by the manipulation mentioned, by external electrization (with any current) of the crico-thyroid muscles on both sides, and by internal electrization (any current) of the vocal cords.

The patient was placed upon the use of sulphate of strychnia from the first, and her general health has improved greatly under its influence. It is given in doses of one twenty-fourth of a grain, three times a day, and increased daily until there is some evidence of toxic action, when it is intermitted for a day, and then resumed in the same manner as before, always returning to the minimum dose. Other remedies have been used at times, but nothing has given results comparable to the strychnia administered in this manner.

A peculiarity of the case exists in this: when the voice is gone the throat feels well; when the voice is present the throat is sore. The sore points are the corpuscles of Santorini. Local treatment with astringents and caustics has had no effect on this peculiarity.

While this patient has been under treatment, the condition of apsithuria has become developed, and now, when she loses her voice, she very frequently loses the power of whispering also; and this continues until voice and whisper are regained, under some of the manipulations already mentioned. No abnormal appearance of the vocal cords is apparent, unless it is too great tension on attempts at voluntary phonation, which close the glottis so much that a very minute linear aperture remains, through which, on forced effort, a sound of exceedingly high pitch is made; but even when this attempt succeeds there is no power, often, to use the voice after the experiment, even though it may be successfully repeated several times consecutively.

The case is still under treatment, and will be more fully reported at some future time.

These cases are laid before the profession in the hope of eliciting some records of similar experience which may throw light on the obscure portion of their pathology. I have been unable to obtain any satisfactory insight into the pathology of loss of whispering power with intact preservation of voluntary expiration, and voluntary consentaneous movement of the muscles employed in speech.

1431 *Walnut St., Phila., April 16th*, 1875.

ON SUBPERIOSTEAL EXCISION.

BY G. ELLIS PORTER, M. D.

Of Lonaconing, Md.

James Fisher, aged ten years, on the 20th of October, 1868, while running and jumping with a pole, injured the left tibia. On examination, three days after the accident, I found no evidence of fracture, and attributed the symptoms to severe concussion of the bone. Periostitis, ostitis, and osteo-myelitis, involving apparently nearly the whole tibial shaft, supervened. Pus, mixed with fine earthy matter, and now and then small, gnawed, porous pieces of necrotic bone escaped at four openings along the subcutaneous tibial surface. The upper abscess opening was about one inch below the tuberosity; the lower one about the same distance above the point of the malleolus. Through the upper and lower abscess openings the probe could be passed deeply into the centre of the bone. The other abscess openings did not penetrate so deeply; were limited to the solid osseous substance. The marked emaciation, hectic paroxysms, etc., unmistakably indicated the direction the patient was going.

On the second Tuesday of April, 1869, six months after the accident, the patient was brought before this society, and the members present, if I am not mistaken, were unanimous as to the propriety of an operation.

On the 12th of April, in the presence and with the concurrence and aid of Drs. Gerstell, Ohr, Healey, Piper, and Skilling, the operation was performed. The patient was placed under chloroform, and an incision was made down to the bone, along the middle line of the tibial subcutaneous surface, and from the upper to the lower abscess opening. The periosteum was separated from the bone to an extent equal to the external cut. The membrane was easily detached, a large part of it requiring only the handle of the scalpel; where more adherent, the edge of the knife was used. With the aid of an aneurism needle, a chain-saw was readily passed between the bone and the periosteum, about the middle of the bone we proposed to remove. After sawing the bone through at this point, the upper piece was lifted from its bed sufficiently to allow the chain-saw to be passed well up under the upper abscess cavity, where a second saw cut was made; by a like procedure the chain-saw was passed down well under the lower abscess opening, where a third saw cut was made, by which fully four and a half inches of the tibia were removed in two pieces. The chisel was freely used in removing any diseased bone left by the saw. The bone was found to be enlarged, of almost ivory hardness, abnormally heavy, and somewhat darkened at the sawed surfaces. The operation was almost bloodless. After the periosteal cavity was well washed out, folded cloths, saturated with an aqueous solution of carbolic acid, one part to sixty, were placed in the cavity, along its whole length, and the edges of the wound were approximated and supported by strips of adhesive plaster. The leg was covered with cloths soaked in whisky and water, equal parts. During the first night the limb was supported on a pillow; afterwards it was suspended with the anterior splint and many-tailed bandage.

For three days there was high fever, the pulse from 120 to 130, with some delirium and considerable pain. After that time there was not a bad symptom. Tr. ferri chloridi and quinia, with cod-liver oil, and as much nourishment as the patient would take, were all that was ordered in the way of internal treatment.

The cloths in the periosteal cavity were not removed until the third day. After that they were changed every second day, and then every day, always reapplying them in the same way, with the adhesive strips and the same external application, as at the first dressing. Between the dressings, the carbolic acid solution was frequently and regularly squeezed into the wound between the strips of plaster. The suspension of the limb in the manner described answered the purpose admirably, making the dressings an easy matter, and enabling one to attend to them with but little discomfort to the patient.

On the 20th of May, thirty-eight days after the operation, I removed from the tibia next the ankle a disc of necrosed bone, and about the first of June, another disc from the tibia next the knee, each sequestrum involving the whole sawed end of the bone, and something more than a fourth of an inch in thickness at its periphery, and slightly concave on the surface of detachment. Before the removal of these necrotic discs the periosteal cavity was well filled up with a hardened substance, that was a little flexible, and that was, perhaps, to some extent, in a cartilaginous condition. The reproduction of bone was far enough advanced to remove all anxiety as to the success of the operation, un-

less there should be a failure of union of the old and new bone. The osseous regeneration, up to the date of the removal of the necrotic discs, must have been solely the work of the periosteum.

On the 4th of July, eighty-three days after the operation, the union of the old and new bone was, both ankle and kneeward, sufficiently firm to make it safe to allow the patient to go on crutches. In September, while the patient was running with a crutch and cane, he slipped and fell, the whole weight of the body coming suddenly on the left leg, fracturing the tibia about the middle of the new bone, without displacement, or, perhaps, laceration of the periosteum. From this injury the patient was kept in bed for two weeks. About Christmas, running out of the school room, he slipped and fell over a short flight of steps, and injured the bone at the same point as in September, from which he was laid up for about the same length of time as before. Before this last accident, for some time, both crutch and cane had been left off. From the date of last accident there has been no trouble with either the old or new bone.

It is now nearly six years since the date of the operation. On examination, some time since, I found the tibiæ of equal length, each measuring eleven inches from the tuberosity to the point of the internal malleolus. The legs, at the thickest part of the calf, measure ten inches in circumference. The subcutaneous surface of the left tibia, measured from edge to edge, is nearly one inch and a half; the right one inch and a quarter. The cicatrix is eight inches in length and three-fourths of an inch wide. The left tibia, from tuberosity to malleolus, is nearly as symmetrical as the right. The boy is able to run, jump, wrestle, and, in fact, do any thing else that requires for its performance a sound tibia.

There are several points in the after treatment of this case that I believe to be of some importance. The suspension of the limb in the manner described, was, I think, of material advantage. The packing of the periosteal cavity with cloths kept constantly saturated with the antiseptic solution was, right or wrong, a thought of my own. I believe it was the right thing to do, and the history of the case would seem strongly to sustain this view. By keeping apart the periosteal walls, and forcing the wound to heal by granulation, we prevent the possibility of the formation of troublesome sinuses. By using the carbolized solution we guard against septicæmic and pyæmic complications; and by lessening the pus production the patient's strength is less heavily taxed. When new bone forms around a sequestrum, does the dead or dying bone contribute anything directly towards its production? So far as the dead bone is concerned, certainly not; and the dying bone has perhaps as little to do with the osteo-genetic process. What part, then, does the sequestrum perform? It irritates and stimulates to increased activity, and keeps at work the bone-making tissue. Does not nature clearly indicate what we ought to do? That is, in cases of subperiosteal excision, to introduce into the periosteal cavity an antiseptic substitute for the sequestrum. Following a blind pathological law, nature often sadly bungles her work. By an intelligent study and proper utilization of the facts of these cases, ought we not to be able to help her do her work by a better, safer and more easily managed method? I have had an opportunity of testing this method of treating cases of subperiosteal excision in but one other case. On the same day on which the operation was performed on Fisher, John Byrnes, æt. 19, had nearly the whole ulna removed for necrosis of that bone. A part of the olecranon, the coronoid process, and a little more than an inch of the shaft of the ulna next the wrist, were not removed.

At the time of the operation, the periosteum had completely detached itself from the sequestrum, and osseous deposits were beginning to form at points over the periosteal cavity. The operation was performed by Dr. T. M. Healey. The patient was placed in my care after the operation. The packing of the periosteal cavity was the same as in the Fisher case. There was a perfect regeneration of the bone. There is also fair motion of the elbow joint.

SOME OBJECTIONS TO THE MODERN TREATMENT OF PNEUMONIA.

Read before the Clay county Medical Society, April 5th, 1875,

BY B. F. RECORDS, M. D.,
Of Liberty, Mo.

A few years ago venesection, mercury and tartarized antimony, were the sheet anchors in the treatment of pneumonia. Later, veratrum seemed to gain the ascendancy. Then the purely expectant plan followed. Prof. Flint

found a few adherents, on the theory that the tendency of pneumonia was towards health, and that nine out of ten would get well without anything except a little alcohol and good nourishing diet. The very latest is that practiced now, which is large doses of quinine, brandy, beef tea, ammonia, with ice packing. I will quote:—"Professor Loomis, of the University of New York, states that he did not address quinine especially to malarial poison, as he was satisfied it also had a good effect in preventing cell formations in inflammatory diseases." Prof. Alonzo Clark remarked, in his lectures, that in the treatment of pneumonia during the past year, he had relied principally on five-grain doses of quinine every hour, until twenty grains or more were taken each day. This treatment was discontinued when the positive effect of the medicine was produced. (*American Medical Weekly*, page 403, Feb. 13th, 1875).

Prof. W. H. Thomson, of the University of New York, stated, at a meeting of the Academy of Medicine, on the 4th of February, that he had treated five cases of pneumonia at Bellevue Hospital, "although of different types, precisely alike, ten grains of carbonate of ammonia and two grains of quinia every two hours, with two pounds of ice in a bag applied to the chest for as long as eight hours at a time." One of the five died. At the same meeting Prof. Loomis said: "Pneumonia is now almost an idiopathic disease; generally occurring in a person who is not quite in full health at the time. In its treatment we are to study the circumstances under which the attack was developed, and direct our attention to the general condition. The two great practical points are:—

1. "To reduce the temperature, if high. If it is not above 103°, the case will always get well of itself, with pure air and proper alimentation. The heat is due to rapid metamorphosis of tissue, and quinine is our great reliance as an apyretic. It should never be given in less than ten-grain doses for this effect." Dr. Loomis' experience with ice was limited, but unfavorable as far as it went. "Thought it caused the disease to spread. Three cases recently treated with it in the Mount Sinai Hospital had died, though the fourth recovered.

2. "To sustain the heart. Patients die from failure of the heart. It is this which causes the pulmonary œdema, heart-clot, etc., which carry them off. Alcohol, judiciously administered, is the great preventive of this."

Dr. Leaming, of St. Luke's Hospital, said that: "Pneumonia, without doubt, had become more fatal during the last five years." His treatment was similar to those quoted above, * * * * "Dr. E. D. Hudson gave a synopsis of the statistics of pneumonia in New York since 1804, and showed that the mortality from it had increased out of proportion to the increase of the population. The increase of malarial and typhoid tendencies, however, offered some explanation of this." (See *American Medical Weekly*, pages 418 and 431, 1875).

I have quoted thus lengthily in order that we may have a correct idea of what the modern treatment of pneumonia is, so that I may show how and why I object to it. In the first place, it is now contended, by eminent physicians, that the acceleration of the heart's action is a *physiological act*, that is, the obstruction to the entrance of air into the pulmonary vesicles, and therefore the failure of the lungs to aerate the blood is compensated by the more rapid action of the heart. In other words, the heart labors to bring the blood more rapidly in contact with the air circulating in the healthy or unaffected lung tissue; and, therefore, all medicines which are calculated to prevent the heart from thus acting are contra-indicated; ergo, *cardiac sedatives* prevent the heart from curing the lungs, by preventing it from pumping the blood into the lungs from one hundred to one hundred and forty times per minute.

We have been taught that pneumonia was a local inflammatory affection, with constitutional manifestations. But now comes Jurginsen, of Tubingen, and informs us that "pneumonia must no longer be regarded as a local inflammation, but as one of the acute, infectious constitutional diseases, of specific origin, and with a specific local manifestation." The latter theory will find plenty of advocates as soon as Ziemssen's Cyclopedia is translated, so that we Americans can read it, for we delight in foreign literature.

Now I still believe that an inflammation of lung tissue, whether croupous or catarrhal, is still an inflammation, local, so far as its effects are concerned. "*Notæ inflammationis*," says Celsus, "*sunt quatuor, rubor, et tumor, cum calore et dolore.*" We still find the heat, swelling, pain and redness described by Celsus. As the local hyperæmia increases, so the respirations increase, and as the latter are augmented, so the heart must, of course, act in correspond-

ence. Thus the rapid action of the heart cannot be a physiological act, but is driven to it by the impeded respiration, and therefore a pathological operation, not necessary to a restoration to health, any more than the dyspnœa, any more than the pyrexia.

Have we any remedy that will remove those pathological actions, and thereby allow nature to remove the effusion? I think we have, notwithstanding Prof. Flint said, this winter, that the action of veratrum viride, aconite, and antimony, had not been sufficiently established by clinical facts. I suppose he has not tried them, nor has he read of any European professor who has, for American practitioners, especially in the West and South, have not only tested them, but have written enough to convince the most skeptical, if anything this side the Atlantic could convince them.

Of antimony I have nothing to say, never having used it but in two cases. One, a gentleman, 45 years old, whom I bled, blistered, and gave tartarized antimony; convalescent the fifth day, without a single complication following. Another, a boy, 3 years old, took one-sixteenth of a grain every half-hour, for forty-eight hours, and convalesced rapidly. But it is to veratrum I wish to call special attention. When and how should it be administered? Some of our very best men think in the first stage alone, never after there is any portion of the tissue hepatized. Now, with all due deference, I must differ. During the first stage, or that of dryness of the pulmonary membrane, where there is, of course, no crepitation to be heard, but simply a harsh, dry respiratory murmur, I conceive that two or three large doses of quinine, with hot applications, to allay pain, will, and do commonly, abort the disease. But we rarely see a case until the stage of engorgement has set in; then, and not before, do I find veratrum the remedy to prevent the third stage, or that of hepatization, though we frequently find the third stage set up in a small portion of the lung, while the second stage surrounds it, when the patient is first seen. No matter; the remedy is just as admissible in the third as in the second stage; and I firmly believe, from clinical experience, that if the remedy is administered fearlessly, the fourth stage, or that of gray hepatization, or purulent infiltration, can never set up, for resolution will follow as certainly as the remedy is given properly, or at least, it has done so in my practice; but whenever I have been vacillating or timid, from having read too much of the late theories, I have invariably had a case of chronic pneumonia, or as it is called sometimes, "typhoid pneumonia."

How should it be administered? Just as directed by Norwood, the dose, I mean; but at the same time, I give opium and whisky every fourth hour, and give from ten to twenty grains of quinine in the morning, and five to ten at night. With the above treatment, and blisters, or hot salt sacks, over the diseased region, *I have never failed* to have my patient convalescent in from three to seven days, without one untoward symptom following.

We will occasionally find a patient with so much gastric irritation that he cannot bear the ordinary dose, and then we will have to delay its administration until the nausea is relieved. Such was the condition of Mr. A. L. B——, this last winter, but by persevering, and reducing the dose, I finally succeeded in getting him to bear one-fourth drop doses. Of course I gave him whisky and tr. opii regularly. With these small doses, I succeeded in subduing the fever and reducing the respiration and pulse without any prostration, but, indeed, as soon as he was brought under the influence of it he expressed himself as feeling better and stronger, with a desire for food; at the same time crepitation began to be audible, where before all was hushed in the deathlike stillness of hepatization; and such has been my experience with the remedy. I never have seen the terrible prostration, with vomiting, so often spoken of in connection with veratrum; but on the contrary, my patients have invariably said, if old enough, that they were better, and the physical signs established the fact, as well as the rational; for, crepitation returned, the tongue would be moist and cleaning, the pulse stronger or fuller, the skin moist and cool, with free expectoration and cough less frequent, and returning appetite.

So, in conclusion, I would say, let theories be what they may, we should always weigh them by established clinical facts when we apply therapeutics, for, after all, we want to know the most speedy way of restoring our patients to health when called upon. We should, therefore, be careful, in our reading, not to be carried away by every wind of doctrine.

—There should, by all means, be a full delegation at Louisville from Philadelphia. See to it, gentlemen.

Medical Societies.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The second annual meeting of this body was held in Baltimore, April 14th, Dr. Henry M. Wilson presiding.

Dr. Joseph M. Toner delivered the annual address, his subject being

The Medical History and Physical Geography of Maryland.

From the earliest settlement of this State, he said, the members of the medical profession in Maryland have deserved and enjoyed the reputation of learning and skill as physicians and surgeons, as well as influential citizens. They have, in the past century and up to the present time, held most honorable positions in the pages of the history of the State, exercising influence for public advancement and good in State policy, social, civil and political. In the country at large there has been a notable absence of physicians in legislative bodies, and generally the profession is not exercising its former influence in public affairs. This the speaker regarded as a misfortune, as no other class of men, from education and sympathies, other things being equal, is so well qualified to judge of the necessity and efficiency of many branches of legislation. The calling of the physician, when intelligently pursued, is not only the most necessary and useful of professions, but the most catholic in its practice and purposes, and most essential to the necessities, the preservation and the higher development of the race.

As a note to his address Dr. Toner appended a list of the names of nearly one hundred physicians of the State of Maryland, with a brief reference to the public positions of each, and service rendered, as an honorable record of the medical men of Maryland in public matters before and during the Revolution.

The Medical and Chirurgical Faculty of Maryland was chartered in 1799, three-quarters of a century ago. One hundred and five physicians of prominence, actively engaged in practice in Maryland at that period, resolved upon its organization. Dr. George Buchanan was one of the persons originally engaged in laying out Baltimore town. He spoke of Dr. Henry Stevenson, who was engaged in the practice of medicine at Baltimore as early as 1763; he built a large and elegant house near the York road; in 1768 he converted this splendid mansion, "Stevenson Folly," to the very laudable purpose of a small-pox infirmary for the reception of young men, whom he successfully inoculated before the practice had become general.

More than two generations of physicians have filled the ranks of this society during the period of its existence. Dr. Toner spoke at length of its long and useful career. He mentioned the bequest of Johns Hopkins as one of the great future means of promoting the usefulness of the profession. He expressed the utmost confidence in the wisdom and ability of the trustees. He also spoke of the State board of health, authorized under a liberal State law, with intelligent sanitarians to conduct its workings. He thought it would, in time, become of great importance in protecting public health.

In 1850 the whole population of Maryland was 583,034, of whom 990 were physicians, a proportion of one physician to every 588 of the population. The total mortality for the year was 9621. In 1860 the whole population was 687,049, of whom 1093 were physicians, being one physician to every 628 of the population. The total mortality for the year was 7374. In 1870 the whole population was 780,894, of whom 1257 were physicians, being one physician to every 621 of the population. The total mortality for the year was 9740.

The configuration of Maryland and its geographical position secures for the level tidewater region a mild climate, with lower temperature and more bracing air in the elevated western region. About one-tenth of the whole area of the State is covered with water, much of it salt. This broad sheet of water contributes, no doubt, largely, by imparting its heat to moderate the extremes of temperature which occasionally visit other States lying in the same latitude. The annual rainfall is 44 to 46 inches. The mean temperature for the year in the lower localities is 58°, or 4° warmer than Baltimore or Washington. The warm temperature for the middle counties of the Eastern and Western Shores is 2° milder than in Baltimore. These climatic conditions are quite sufficient to make great differences in the inauguration and success of various enterprises and agricultural pursuits. Something like one-half of Maryland may be geologically considered as drift, or alluvial. The limits of the two formations will, in a general way, be indicated by the line taken for the construction of the railroads from Baltimore to Washington, and from Baltimore to Philadelphia by way of Havre de Grace. All the lands lying south and east of the line belong to the more recent formations. As might be expected, the tidewater is coextensive with the alluvial or tertiary formation throughout the State, and it is but slightly elevated above the tide.

The extent of low and overflowed lands increases toward the southern counties. St. Mary's is nearly level, and large tracts of her lands are covered at certain tides, and seasons, and winds. He estimated that 80 to 100 feet would be a fair average elevation for the whole Western Shore. The tidewater section required the skill and genius of the best hygienists to make it salubrious. He believed there was a progressive salubrity from tidewater to an elevation of 200 feet and over. It was a duty resting on the profession to render habitable, as far as possible, through the aid of sanitary science and professional skill, every locality where man finds it profitable or desirable to dwell. There are few places where this may not be done. Malaria was the chief check to development and increase of wealth and population of tide-

water Maryland. Each laborer throughout this section loses, on an average, ten to fifteen days a year on account of malaria, which is a mysterious poison only known by its effects.

Dr. Toner argued that it was the duty of the State to facilitate, by legislation, the drainage of swampy lands for the preservation of public health, and adding to the resources of the Commonwealth. He concluded with extended reference to the fertility, elevation and healthfulness of Western Maryland, and said he could not recommend it too strongly as a region for summer resorts for families with small children. The address was ordered to be published. Dr. McSherry read a report from the section on pharmacy, etc.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Railway Shock.

Dr. Hood says, in the *Lancet*:—

In advocating blood-letting after a railway accident, in order to reduce the volume of fluid moved by a weakened heart, and to enable it to carry on the circulation without distress. I feel conscious that I shall have to encounter the prejudices of those medical men who, living in an era when blood-letting has ceased to be regarded as a curative means, so that the practice of it has not formed part of their education, may naturally be unwilling to resort to a remedy of which they have had no experience; but, in my opinion, it is none the less incumbent on them to make trial of the suggestion, and to save those they may be called on to attend from a long course of nervous suffering and depression. It may be requisite to remark to those unfamiliar with blood-letting, that there is not the smallest risk or danger in employing it; more especially if the valuable advice left to us by the late Dr. Marshall Hall be followed, which was, always to bleed a patient in the *upright* posture, as then not a drop more blood would flow than the heart could spare. No medical man would have recourse to bleeding *immediately* after the occurrence of an accident; but would wait until sufficient reaction had been established, either spontaneously or by the due administration of stimulants. I entertain no doubt that if the woman whose case I have mentioned had been bled when her consciousness returned, she might have been saved a vast amount of the suffering which she subsequently underwent.

To show the rapid effect produced by bleeding after an accident, I will relate a case which fell under my observation some time ago. A gentleman, who had a very weak heart, in talking to me about himself one day, remarked: "I presume, doctor, you would never think of taking blood from me under any circumstances?" I waived an answer to his question. A fortnight afterwards I was hastily summoned to him. In crossing a frosted road his heels slipped from under him, and he fell on his back. His weight was fifteen stone. He could not move, and was carried home with much difficulty. When I arrived, I found him very pale, and gasping for breath. He had not broken any bone, and I attributed his difficulty of breathing to the shock his diaphragm had received in the fall. I at once sent for a cupper, and had a pound of blood taken from his back, which gave him instant relief, and he experienced no further trouble from his breathing, although he lay in bed for six weeks without being able to raise himself, save by the aid of pillows. He ultimately made a good recovery.

It is believed by many persons that the administration of a wineglassful of vinegar is the best means of restoring consciousness after an accident due to concussion, and that it is a substitute for bleeding. I have had no experience of this remedy, but its use has been so strongly urged on me by more than one person, that I think it right to allude to it, as, failing other means, it is at least perfectly safe, and might be adopted.

Some Points in Contagious Diseases.

Sir. William Jenner says, in a late lecture:—

With reference to these three contagious diseases which are unable to be traced, in many cases, to pre-existing cases of the same disease, that is, typhoid fever, diphtheria, and erysipelas, there are three points worthy of notice. First, they are more liable than the most contagious, as small-pox, measles, and scarlet fever, to recur in the same individual. Secondly, when not referable to contagion, each is pretty constantly referred to a particular and the same cause; for example, diphtheria to exposure to cold; erysipelas to exposure to cold when the exposed person was depressed from fatigue, mental or moral causes, fasting, etc.; typhoid fever to foul, gaseous emanations or contaminated water. Thirdly, certain primary constitutions seem more prone than others to suffer from these less contagious diseases. All people seem to be susceptible to scarlet fever, to measles, and small-pox, when exposed to the poisons, but these three diseases occur in certain constitutions especially. We are all ac-

quainted, I am sure, with families that exhibit these proclivities. I have known diphtheria, for example, occur in four members of a family at long intervals of time, and in localities widely separated, one in London, one at Brighton, one at Scarborough, and one at some other place in the country. Now, when we consider the infrequency, comparatively speaking, of diphtheria, such a fact as this shows on the part of the members of the family a great primary constitutional proclivity to the disease. I have known six out of seven males of a family to suffer from typhoid fever, no two of the cases occurring within less than two years' interval, and no two at localities within less than fifty miles of each other, while in the same family one only of the same number of females suffered from typhoid fever. Here, again, there must have been a great proclivity to typhoid fever on the part of the males of the family. I do not say, nor do I think, that the arguments and facts able to be adduced in favor of the origin *de novo* of the contagious diseases are conclusive; but I do say, and I do maintain, that they are strong enough to make us pause before we accept the theory advocated by Dr. Wm. Budd, and to which Professor Tyndall has lent the weight of his great name, a weight which would, however, be greater on the point in question, if he had himself studied the subject on which he has, I am sorry to say, addressed the public in a strain calculated to check unprejudiced individual inquiry.

What I have said on the etiology of the acute specific diseases shows how much has yet to be proved, how hard is the work to be performed, ere the opinions entertained on the subject can be converted into knowledge. I will not dwell longer on the etiology of the acute specific disease, but I must allude briefly to the condition of the individual which precedes the establishment, in many cases, of chronic organic disease. We are apt to pay too little attention, to attribute too little importance, to the general, to use a very barbarous expression, "out-of-healthedness" which is so common in previously healthy persons, from overwork, from anxiety, from overfeeding, from overstimulation short of so-called intemperance, from want of food, from bad air, from deficiency of exercise, from deficiency of stimulants, to "out of healthedness" in which the patient refuses to admit that he is ill, although he is a little, as he says, out of sorts, and only seeks advice because his friends notice that he does not look well, and urge him to consult a physician. This condition cannot be studied in hospitals. Those only who are engaged in family practice can trace the origin, can watch the course, can estimate the effects of this condition in all its bearings. For myself, I have been long satisfied that a very large proportion of the subjects of organic diseases, tubercular, malignant, and degenerative, using those words in their widest sense, are mistaken when they attribute the symptoms of imperfect health, from which they have long suffered, to incipient local disease, and for not detecting which they too often blame their first medical attendant. The deteriorated general nutrition to which I have referred as mere "out-of-healthedness" was the cause of their sense of want of perfect health; and, ultimately, this imperfect general nutrition of every part of the body culminated in the extreme malnutrition of that part or organ which natural constitution or accidental circumstance had rendered less able to resist organic change.

The Metallic Alcohols.

Dr. B. W. Richardson, in the course of one of his Cantor lectures, says:—

Now we come to three strange alcohols, whose action is remarkable in itself, and intensely interesting in a physiological point of view. If into ethylic alcohol a portion of the metal sodium be projected, decided action immediately takes place. Hydrogen gas escapes, while a substitution change has been effected: the metal has replaced the hydrogen of the water, and sodium alcohol is the result. Potassium follows the same rule. Both these alcohols are caustics, and their surgical application is yet in its infancy. These metallic alcohols, as might have been expected, are powerful antiseptics, they will keep nervous matter in complete perservation, and harden the soft structures. They have another curious action on the blood: when brought into contact with it, there is an instantaneous crop of needle-like crystals spreading in beautiful arborescent filaments, and not only is this identical with the crystallization that may be induced in the alcohols themselves, but smaller radiant crystals are formed, due to the crystallization of the crystalloid matter of the blood cells.

By acting on common alcohol with strong potash, then with sulphuretted hydrogen, and finally with ethyl iodide, is produced mercaptan. The oxygen of the alcohol is replaced by sulphur, with the formula $(C_2H_5)HS$; odor penetrating and offensive; nearly insoluble in water; thirty-one times heavier than hydrogen. Sp. gr., 832. Boiling point 135° Fahr. = 57° Centigrade.

A five per cent. solution was employed for experimental purposes. Its vapor is not irritating, but its influence is speedily declared. There is a desire for sleep, attended with a feeling of great unhappiness. This is succeeded by a sensation of muscular fatigue, the limbs are heavy, and there is felt an urgent necessity for rest. There is no intoxication. One physiological observation is of importance. This alcohol escapes mainly by the breath, and in some new form, as a sulphur compound; and this distinctive odor is by no means uncommon where the use of ethylic alcohol has been carried to excess. It seems probable that there may be actually produced in the living organism sulphur compounds derived from the bile, a substance rich in sulphur; and these compounds, distributed to the blood by nervous matter, may create the phenomena similar to

those following upon the inhalation of mercaptan. The body, in an unnatural condition, fabricates its own poisons, which the physician is called upon to remove.

Anomalous Digestion.

Dr. James Blake writes, in the Pacific *Medical and Surgical Journal*:—

One of the most striking instances I have seen of anomalous digestion, is that of a lady who has what may be called a decidedly weak stomach; a stomach to which grease in all its culinary forms is nearly poisonous; which utterly rebels against pies and cakes, hot bread and bacon, and, in fact, against most of the articles that are tabooed for weak stomachs; and yet she perfectly digests green cucumbers and green apples. In fact, when suffering from an attack of dyspepsia, and perhaps vomiting even the lightest articles of diet, the first thing that can be digested is a laid green apple, and this, too, late in the evening before retiring. The same patient digests raw turnips and carrots better than when they are cooked. Now there can be no doubt that there must be something peculiar in the functional action of such a stomach; some peculiarity in the properties of the gastric juice which enables it to act on these uncooked hard masses of woody fibre and cellular tissue in a manner different from the generality of stomachs. Whether this peculiarity in the functions of the organ is connected with anything abnormal in its anatomy, I am unable to say. But there is one fact in connection with this case that might excite a suspicion that it may be so, viz: the existence of what may be called œsophageal dyspepsia, or a habit of retaining a considerable quantity of food in the œsophagus and regurgitating it almost unchanged after it has been down some hours. Whether this is connected with the presence of a diverticulum, or from a simple enlargement of the œsophagus, I am not prepared to say, but in either case we have an approach to the anatomical structure of the stomach found in ruminants, whose normal food is cellular and fibrous vegetable tissue.

The Action of Mercury.

Dr. D. Clark says, on this subject, in the Cincinnatti *Lancet and Observer*:—

We may lay it down as a very probable hypothesis, if not, indeed, a demonstrated fact, that mercury stimulates the removal of old structure, without, to the same extent, stimulating the process of repair. It probably causes a more rapid oxidation of the ultimate constituents of the organic tissues. It tends to destruction, and in health, as well as in many cases of disease, it must be ranked as a dangerous poison. But, then, in a large number of cases of a different character, this very same property gives it a therapeutic value which cannot be controverted. It removes the old structure in which the disease is situated, and substitutes new structure, which, if not healthy, is stamped only with the character of the mercury itself, which is readily effaced. It cures the disease by killing off the tissue in which the disease exists, while nature rebuilds a new and healthy tissue out of the ordinary nutritive material. In this way mercury may cure inflammation; it may cure fever, and especially it may cure syphilis. The great efficiency of mercury in syphilis seems to be as well attested as any other fact in medicine. And may it not be explained by the principle we have indicated, viz., that this drug promotes the rapid breaking down and removal of the diseased tissue, and supersedes the disease by substituting new tissue not impressed with its destructive characters; and are we not justified, therefore, in designating mercury as a supersedent?

Copaiba in Dropsy.

Several cases illustrating the value of copaiba as a diuretic are given in the *Practitioner*, by Dr. E. L. Dixon. We quote one which was combined with albuminuria:—

Ellen Glegg, aged 36, married, and has a child eight months old, admitted into Preston Infirmary under my care, 12th May, 1874. There is a loud systolic bruit at the apex of the heart, the impulse of which is notably increased; pulse very small and irregular. The liver extends two inches below the margin of the ribs, and there is some ascitic fluid within the abdomen. Urine sp. gr. 1·018; albumen ¼. No casts were detected under microscope. Considerable œdema of the legs, which has existed five weeks. She has been ill, she says, since Christmas, when she hurt her back; no hemorrhage was, however, produced; has never had acute rheumatism. She was ordered tartrate of iron, with squill, digitalis, etc.; imperial drink, with compound jalap powder occasionally. The urine continued very scanty, and no improvement seemed to take place at all, when, on the 22d, she was ordered to take two copaiba capsules every night. The very next day, the urine of that day being measured the following morning, the amount was nearly trebled, and continued to increase. The albumen diminished, and she was discharged, well, Jan. 16th. The capsules contained from 5 to 10 minims of copaiba each.

Physical Properties of Quinia.

The *American Journal of Pharmacy* gives the following results obtained by Jules Regnauld:—

1. The solubility of quinia in water is, at 15° C., 1 in 2024, and at 100° C., 1 in 760; in absolute alcohol, at 15° C., 1 in 1133; in chloroform, at 15 C., 1 in 1926; in pure sulphuric ether, at 15° C., 1 in 22,632.

2. The solubility of tannate of quinia in water is below 1 in 20,000.

3. The fluorescent power of quinia becomes twenty times more energetic under the influence of an excess of sulphuric acid.

4. By means of this exalted fluorescence, it is

possible to recognize the presence of the alkaloid in a solution containing quinia only, in the proportion of one part in five hundred thousand; a degree rather beyond that stated by Flückiger, who recommends this reaction. The author finds it to surpass, in delicacy, in the ratio of 5 to 4, the opalescence caused by the double iodide of mercury and potassium, which, however, furnishes no clue as to the nature of the alkaloid of which it reveals the existence.

Cotton-wool Dressing.

The *Lancet* says:—

This method of dressing wounds, which has been especially advocated and introduced to notice by M. A. Guérin, and which seems to be coming into extensive use in Paris, has recently been the subject of a report to the Académie des Sciences, by a Commission specially appointed to examine into it, consisting of MM. Gosselin, Claude Bernard, Pasteur, Larrey, and Sédillot. The immediate cause of the appointment of the Commission was a work by M. Guérin, on the Pathogenetic Rôle of Ferments in Surgical Diseases. M. Guérin claims for his method the following advantages:—The absence or slight intensity of the traumatic fever; the continuance of sleep and appetite; absence or great diminution of pain, and the healthy condition of the wound after some days of occlusion; and, as a consequence of these and of the exclusion of ferments, the rare occurrence of pyæmia. He believes that these results are mainly due to the filtration of the air by the thick layers of cotton-wool, the uniform elastic compression of the wound, and the immobility of the injured limb. He states, moreover, in this work, that he had never found vibriones or bacteria in the pus on changing the dressings. The Commission, however, found bacteria in the pus of the wounds which they examined, although fewer in number than usual; but they confirmed in the main the other advantages stated to exist by M. Guérin, and the wounds in which the bacteria were found were in a healthy condition.

In the discussion which followed the reading of the report, M. Ollier stated that in the rare cases of pyæmia occurring under the use of this dressing, he had observed that the rigors took place at longer intervals and were less severe than in other cases, and that the disease tended to assume a more chronic form. He suggested the combination of carbolic acid lotions with the cotton-wool dressings. It should be added, for the benefit of those who are not acquainted with M. Guérin's mode of dressing, that it does not consist simply in the use of cotton-wool. He never or rarely employs his dressing except where the limb can be covered for a considerable distance above the wound or operation; he covers to the middle of the thigh, for example, after Chopart's amputation. The cotton-wool is applied in successive layers, rolled round and round the limb, each layer being compressed as tightly as possible by a bandage. The wound is usually first washed with strong alcohol. After the operation the dressing is commonly left undisturbed for some days, or even for two or three weeks, until the pus soaks through. Secondary hemorrhage can hardly occur to any extent, as the limb is subjected to such firm elastic pressure. The method seems to deserve a more careful and extensive trial in England than it has yet received.

Are Galvanized Iron Water Pipes Injurious?

The Editor of the *Druggists' Circular* says, on this subject:—

"The use of galvanized iron pipes is comparatively a new one; for that reason, we presume, no definite and generally accepted opinion has yet been formed in regard to their fitness as conduits for drinking-water. We have never known of any sufficient reason for believing that zinc in any of its ordinary forms will act upon the living body as a dangerous poison. Oxide of zinc in large doses has been administered continuously in epilepsy and other spasmodic affections, for considerable periods of time, without doing harm, and often, unhappily, without doing good. The effects were nil. Probably the salts are quite as little pernicious. It is true the sulphate acts as an emetic if twenty or thirty grains be administered at once. This proves, however, only that in such quantities it becomes a gastric irritant, but nothing more. It is never a corrosive poison in the sense in which corrosive sublimate or arsenic are said to be. If it is a constitutional poison, it is not known to us. We have no recollection of ever hearing or reading that serious organic or functional changes of any of the organs have been effected by its long-continued use, excepting, however, a case related by Dr. Pereira, which was readily recovered from. Even that was, perhaps, accidental. Should water contain much free carbonic acid, you might expect the zinc gradually to dissolve away as a carbonate, which, at the worst, would give a slightly astringent taste, and technically increase the impurities held in solution. We should expect nothing beyond this. In our judgment, as may be inferred from the foregoing remarks, drinking water is not rendered poisonous by using galvanized iron pipes for its conveyance. There may, indeed, be facts unknown to us, which, if we were acquainted with them, would serve to alter this opinion."

Principles of Midwifery.

Dr. Priestley, in an address before the London Obstetrical Society, said:—

It has seemed to me, in making a general survey of our ground, and weighing our present position, that the great impetus given of late years, by many admirable workers, to the progress of uterine surgery, has tended to throw the balance somewhat too much over to the surgical side of the scale, and that operative and mechanical methods of treatment have displaced somewhat unduly and hurtfully the

medical and psychical considerations in uterine cases.

The current axioms about "meddlesome midwifery" are as true in our times as in former days. Experience also has abundantly proved that even minor operations on the unimpregnated uterus cannot be undertaken with the same immunity as like operations in external surgery. A simple incision, the removal of a polypus, an intrauterine injection, the insertion of an intrauterine pessary, has not infrequently been followed by grave symptoms, which, in some cases, have terminated in the death of the patient, or in the permanent maiming of the genital apparatus by peritonitis.

While the sagacious and prudent gynecologist should shrink from nothing which will promote the ultimate good of his patient, he should not readily be beguiled into what is new or adventurous, without sufficient proof of its necessity, efficacy, and reasonable security, and without well considering whether some lesser measure will not bring about the same result. Further, he should be conservative of his resources, in diagnosis as well as in treatment. He who, as a rule, employs the uterine sound, without considering whether the whole circumstances are such as to afford *primâ facie* evidence that it is necessary to clear up some doubt, will certainly inflict a large amount of pain and annoyance on his patients, with a minimum of good result. The same observation applies, in some degree, to the use of the speculum; and without being bound by any slavish rule on the subject, I may go so far as to say that any method of treatment for uterine affections, always supposing it to be efficient, the more readily commends itself if it do not entail too frequent examinations *per vaginam*.

Infantile Leucorrhœa.

Dr. Bouchut (*Annales de Gynécologie*, in *American Practitioner*), in a clinical lecture, refers to two cases of leucorrhœa occurring in children, the one a diathetic disorder, the other resulting from want of cleanliness, stating that these represent the character in many examples of this disease, while other cases are the consequence of attempted rape or of masturbation, or of syphilitic or gonorrhœal infection. The most frequent causes are herpetism, or the herpetic diathesis, scrofulosis, and want of cleanliness. In fact, in typhoid fever, a septicæmic disease, and in virulent measles, the vulva is often covered with a muco-purulent oozing of a very irritating character; and if the children are not carefully washed, a follicular vulvitis occurs, followed by ulcerations with reddish borders and a grayish pseudo-membranous bottom, resembling aphthæ of the mouth. Soon these ulcers become phagadenic, hollowing in all directions, causing more or less destruction of the vulva, and extending even to the anus. In other cases, beneath the ulcerated follicle the cellular tissue becomes engorged, forming a hard base, accompanied by swelling and redness of the labium majus; then a blackish eschar appears, and, rapidly extending, becomes true gangrene of the vulva, generally followed by the death of the patient.

The seat of leucorrhœa in children is always at the vulva, while the leucorrhœa of adults is vaginal or uterine. The liquid secreted is a more or less abundant acrid pus, irritating, of a greenish white, and leaves green stains upon the linen. It causes an obstinate *pruritus*, compelling the infants to rub the parts frequently, and thus sometimes may induce habits of masturbation. From the vulva the fingers of the child may convey some of the pus to the eyes, and thus very violent purulent ophthalmia be produced; hence the importance of preventing such an accident.

If the leucorrhœa be caused by ascarides coming from the rectum to the vulva, use a solution of carbolic acid as a wash for the vulva and as a rectal injection, or injections of soot, and use rectal suppositories of mercurial ointment. In the leucorrhœa of acute diseases lotions of water and aromatic wine may suffice; but if there are ulcerations with a phagadenic tendency, apply an ointment made of one part of coal-tar to ten of lard, and wash morning and evening with a saponified solution of coal-tar. If in place of an ulcer there be an eschar, detach it and sprinkle the surface with camphor. When the leucorrhœa has scrofula or herpetism as its cause, give cod-liver oil and the arseniate of soda. Let the patient have a daily bath of carbonate of soda, of sulphur, or of corrosive sublimate. Lotions of corrosive sublimate, of carbolic acid, or of the saponified coal-tar, may be used, and if the disease is obstinate, pencil the inflamed part with a solution of nitrate of silver.

How to Make Suppositories.

The following directions are given in the *American Journal of Pharmacy*, by Mr. R. V. Mattison:—

Place the mould, capable of holding twelve or fifteen suppositories, upon ice, and put the quantity of cacao butter in a caspule, and melt quickly, thoroughly incorporating the powdered opium, for instance, with the melted cacao butter. Stir, while cooling, until brought to the consistence of thick honey; pour into the moulds, and allow to solidify. Upon opening the mould the suppository will usually drop out. No lycopodium or steatite is necessary, as there is no difficulty experienced through sticking.

The breakage will not amount to 1 per cent. of the number prepared. With these directions strictly followed, no separation will occur.

If an extract is used, dissolve in as little hot water as possible, and pour the melted cacao butter upon the diluted extract. Incorporate thoroughly, and proceed as above.

In dispensing, place white or pink cotton in a box, and place the suppository thereon; cover with cotton, and label as usual.

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ALCOHOL AND ITS EFFECTS.

The unending discussion as to the physiological effects of alcohol on the human system has recently received an important contribution, in the Cantor lectures, of Dr. BENJAMIN W. RICHARDSON. His conclusions are very pointed, and coming from an investigator of his eminence merit attentive study, the more so as they tell, very directly against the opinions of other and able observers.

The moderate use of alcohol, in health, has been defended by Dr. ANSTIE, and others, on the ground that it is a food, and as such, gives an increment of muscular force. This view is adopted in a late number of the *American Practitioner*, by Dr. L. P. YANDELL. Quoting various experiments, he concludes:—

"Alcohol, then, is to be looked upon as a form of food, ministering not to the growth of any tissue, but, like farinaceous substances, developing heat and energy in the system, and protecting the tissues against the wear and tear incident to the vital processes. It counteracts the disintegration of the blood-corpuscles as well as of the organized tissues, and thus supports the system in protracted cases of disease attended by loss of appetite and digestion."

Dr. RICHARDSON, on the other hand, to the question, Is alcohol food? returns a distinctly negative answer. He maintains that it is not a builder of any tissue whatever, not even of fatty tissue, and considers that, in all fairness, we are driven to the conclusion that in the animal body alcohol is decomposed. He said that the inference that might be drawn is fair enough, that the alcohol is lost by being burned in the body. If it were so, alcohol in the process of being burned or oxidized in the body would supply force, *i. e.*, heat. This, however, is not the case. Dr. RICHARDSON repeated the statement first made by him in his report to the British Association at Birmingham in 1866, that the general action of alcohol is to reduce the animal heat. He said that the progressive states of change of animal function from alcohol were four in number. In the first stage, a stage of excitement, the external temperature of the body is slightly raised. This effect, however, he held was due to a greater loss of heat, not to the combustion or oxidation of the alcohol. This increased loss of heat is owing to the more rapid radiation of heat from the larger surface of warm blood in the vessels partly paralyzed by the alcohol. The internal temperature is falling during this first stage. In the second and third stages the temperature declines, falling below the normal. As the fourth stage is approached the decline becomes dangerous. This reduction is marked in some degree in proportion to the depth of the coma that follows the intoxication. Throughout every stage, therefore, except the first, the direct action of alcohol was to reduce the temperature of the body.

With the first conscious movements of recovery there is a faint rise of temperature, but such is the depression that these movements exhaust and lead to a further reduction. In ex-

treme cases, so long as three days had been required to bring back the natural temperature.

Dr. Richardson said that the inference from all these facts was that the alcohol is not burned, after the manner of a food, which supports animal combustion, but that it is decomposed into secondary products by oxidation, at the expense of the oxygen which ought to be applied to the natural heating of the body. He supported these conclusions respecting the action of alcohol on the animal temperature by another series of observations, in which the effect of this substance was traced on the muscular power. He showed that the excitability of muscle was reduced, just in the same way as the animal heat, until finally, as the spirit brings on narcotism, so is the muscular power brought down to a state of extreme prostration.

The hygienic considerations which he derived from this study of alcohol are especially interesting; so much so, that we quote them, in his own forcible language:—

"I am bound to intimate that the popular idea of administering alcohol for the purpose of sustaining the animal warmth is an entire and dangerous error, and that, when it is brought into practice during extremely cold weather, it is calculated to lead even to fatal consequences, from the readiness with which it permits the blood to become congested in the vital organs. I cannot too forcibly impress the fact that cold and alcohol act, physiologically, in the same manner, and that, combined in action, every danger resulting from either agent is doubled.

"Whenever we see a person disposed to meet the effects of cold by strong drink, it is our duty to endeavor to check that effort; and whenever we see an unfortunate person under the influence of alcohol, it is our duty to suggest warmth as the best means for his recovery. These facts prompt many other useful ideas of detail, in our common life. If, for instance, our police were taught the simple art of taking the animal temperature of those persons whom they find in the streets in a state of insensibility, the result would be most beneficial. The operation is one that hundreds of nurses now carry out daily, and, applied by our police officers, it would enable them not only to detect the difference between a man in an apoplectic fit and a man intoxicated, but would suggest naturally the instant abolition of the barbarous practice of thrusting the really intoxicated into a cold and damp cell, which to such a one is actually an anteroom to the grave.

"Once more: I would earnestly impress that the systematic administration of alcohol for the purpose of giving and sustaining strength is an entire delusion. I am not going to say that occasions do not arise when an enfeebled or fainting heart is temporarily relieved by the relaxation of the vessels which alcohol, on its diffusion through the blood, induces; but that this spirit gives any persistent increase of power, by which men are enabled to perform more persistent work, is a mistake as serious as it is universal.

"Again, the belief that alcohol may be used with advantage to fatten the body, is, when it is acted upon, fraught with danger. For if we could successfully fatten the body, we should but destroy it the more swiftly and surely; and as the fattening which follows the use of alcohol is not confined to the external development of fat, but extends to a degeneration through the minute structures of the vital organs, including the heart itself, the danger is painfully apparent.

"In conclusion, whatever good can come from alcohol, or whatever evil, is all included in that primary physiological and luxurious action of the agent upon the nervous supply of the circulation to which I have endeavored earnestly to direct your minds. If it be really a luxury for the heart to be lifted up by alcohol; for the blood to course more swiftly through the brain; for the thoughts to flow more vehemently; for words to come more fluently; for emotions to rise ecstatically, and for life to rush on beyond the rate set by nature, then those who desire the luxury must enjoy it, with the consequences."

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Dr. Lombe Atthill, gives the following directions:—

To use the vaginal douche efficiently it is necessary that the hips be raised higher than the shoulders, so that the vagina may be distended with the fluid; that the stream of fluid should be continuous, and that it should be kept up to an equal temperature. He has tested this method extensively. In a case of metritis, where the temperature of the water was raised to 110°, the patient derived much benefit. In another, a case of vaginitis, the patient had been subjected previously to treatment of various kinds without benefit. Two gallons of water, temperature 105°, were used twice daily, with the best effect.

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The *Medical Press and Circular* says that, as the result of numerous experiments on the action of arsenic and antimony upon the organism, Drs. Mayencon and Bergeret publish, in *La France Médicale*, the following conclusions:-

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CORRESPONDENCE.

FOREIGN.

VIENNA, Austria, March 1st, 1875.

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has a radius of from 6 to 7, and the posterior convex of about 5 mm.

The operation is performed in the following manner: The patient is placed, sitting or lying, and the lids secured by an assistant, or by a speculum (we have never seen the speculum used), and the bulb fixed by pinching up a fold of conjunctiva 5 or 6 mm. below the lower corneal margin, with a pair of blunt-pointed, roughened forceps. He then takes the above-mentioned knife with its concavity forward, and its edge directed upward, and enters the eye parallel to the surface of the iris, pushing the knife forward in a direction as nearly horizontal as possible, through the upper portion of the anterior chamber. After the point of exit has been obtained, the forceps are removed, and the bulb having a tendency to roll upward, acts upon the curve of the knife, and, as it were, aids in the completion of the section. The point of entrance is in the upper and outer portion of the sclerotic, 2½ mm. from the outer margin of the cornea, and 3½ mm. below a line drawn at a tangent to the upper margin of the cornea. The counter-puncture is in the same position at the inner and upper portion of the sclerotic. The greater part of the wound itself lies in the limbus corneæ, and extends on both sides, from Schlemm's canal to the uppermost portion of the cornea; leaving, after the tension of the bulb has been removed by the loss of aqueous humor, an external opening of 12 mm. in length. If during the course of the operation the conjunctiva has been only lifted, it is severed by passing the knife backward and forward.

The second act of the operation consists in performing the iridectomy, which the Prof. says, "requires fixation of the eye, by means of the forceps," yet we have never seen him do so.

The iris is then caught by a pair of curved iris forceps at the outer angle of the wound, and withdrawn, by making gentle traction, and severed close to the external margin of the wound, by means of curved scissors whose concave surface must be directed to the bulb, but during this act the iris that is being severed is drawn toward the inner angle of the wound.

The third step in the operation consists in rupturing the capsule of the lens by means of a cystotome, (Fig. 2.), which consists of a handle and neck, both of which are on the same line and measure 32 to 35 mm. The smaller part, which is bent at a right angle to the neck, is 7 mm. in length, and has a convexity outward, equal to a radius of 12 mm. At the end of the concave portion a small sharp point, ¾ mm. in length is set at an angle of 45.°

For the removal of the lens he uses a spatula and a sound. The spatula (Fig. 2. a.), which is fastened into the other end of the handle of the cystotome; has a neck which is from 24 to 28 mm. in length and is slightly curved at its upper end, so as to bring the middle of the spatula on a line with the neck and the handle. The spatula itself is set at a right angle to the neck, and has a depth of 3½ mm. and a width of 8 to 9 mm. The sound (Fig 3. b.), which is made of German silver, is 35 to 38 mm. in length, is plano-convex, and is 2½ mm. in width, and has near its end a curve on the flat, equal to a radius of 8 mm. Into the other end of the same handle is set an ordinary Daviel's spoon. He places the concave surface of the spatula against the posterior lip of the wound, which becomes dilated by the gradual backward pressure made by the convex portion of the sound upon the lower portion of the cornea, in the direction of the axis of the eye. By this manœuvre the lower portion of the lens is tilted backward, so giving to it an oblique direction from behind forward, and as the sound is carried upward over the surface of the cornea the lens is forced out through the wound. If the nucleus of the lens has escaped, but some cortical substance remains, the same manœuvre is to be repeated. If the cataractous mass which remains shows no tendency to move, the eyelids are closed, to allow of a new collection of aqueous. This having taken place, the cornea is then rubbed from below upward, with the spatula upon the upper eyelid, which has been drawn down over the cornea, or direct pressure is made by the finger upon the lower portion of the cornea through the lower eyelid, especially at its margin. If these means should fail, or vitreous present while the nucleus and cortical substance remain, they are to be removed by means of a flat spoon.

The spoons (Fig. 4.) which are set on either end of the same handle, are oval, slightly concave, and as thin as possible, 4 mm. in width, and 6 mm. in length, and set at right angles to a neck 32 to 35 mm. in length.

After the operation, the wound must be cleansed and the lips adjusted; if iris remains in the wound, it must be carefully pushed back,

or what is better, drawn out and excised. Prolapsed vitreous is to be cut off close to the wound. It follows, from the construction of the above named instruments, and the method of operating, duplicates (right and left) are required of the knife, cystotome, spatula and spoon, with but one sound and Daviel's spoon.

It will be seen that this operation differs from that of Graefe's (the one now generally preferred), in the position of the section, the knife used, as well as the modifications in the several instruments. The advantages of this method are as follows:—

1. The formation, as nearly as possible, of a linear wound of large size for the largest cataracts.

2. The possibility of having the bulb fixed during the entire act of operation.

3. *The more or less complete retention of the aqueous humor, until the entire section is finished.*

4. In the comparatively slight increase in intra-ocular pressure during the section.

5. The easy exit of the cataract.

6. In the *advantages* afforded for the *after treatment*, which is less annoying and exhausting.

Since the beginning of the year 1873, the Professor has performed this operation 120, and Dr. Klein, his assistant, 40 times, and we are informed by the latter that the results so far have been better than by Graefe's method. To be sure, the patients are more liable to keratitic processes, but less apt to suffer from iritis, cyclitis, etc., as well as secondary cataracts. The method is recommended, so we simply give it in full, as we have received it, adding that the cases in which we have seen the results have been most favorable, but the patients have not been able to be out of bed any sooner than those we saw operated upon according to Graefe's method, at the New York Ophthalmic and Aural Institute.

Dr. Isidor Schnabel, former assistant of Professor Jaeger, has given one of the most complete and satisfactory courses on "Refraction and Accommodation," as well as "Pathology and Treatment of Diseases of the Eye," and we would strongly recommend him as one of the most competent of the many teachers.

Dr. Otto Bergmeister, former assistant of Professor Arlt, and now lecturer (privat docent), has also given a series of excellent courses on the external diseases of the eye and their diagnosis, and with the operative courses by Dr. H. Sattler, the present assistant, the student has had every opportunity of thoroughly learning the details of the methods employed in what is known as the "Arlt School."

In our account of some of the different departments in the K. K. General Hospital, we neglected to mention one of the most important, particularly for those who intend visiting this place for study, and that is the Laboratory for Histology and Embryology, under Professor S. L. Schenk.* In it are accommodations for about forty students; the arrangements for practical research and experiment with the microscope are most excellent, each one having his table, etc., where he can work under the special care of the Professor and his assistant (Dr. J. V. Rohon). Lectures on Embryology, with demonstrations from microscopical preparations, are given weekly by Professor S., who is a well known authority on this subject, and those who are interested in this branch can find no better place for prosecuting their studies. There is abundant material in the way of animals, besides fish breeding apparatus, miniature trout ponds, from which may be had embryos of every age. At present every place is occupied, and at least two-thirds of the students are Americans, with whom, on account of his genial manners, the Professor is a universal favorite.

Through a colleague, we learn that one of the most interesting and truly instructive courses is that given by Prof. von Patruban, on surgical anatomy. The lectures, besides being spicy, on account of their particularly practical character, are garnished with valuable hints concerning surgical operations; which hints, are suggested by his varied and extended experience. His lectures on the development and anatomy of hernia were of particular interest, and his memory, in describing all the minute points in anatomy, with its history, is wonderful. This semester is drawing to a close, and the requisite month of holiday will soon be taken advantage of by the students as well as the faculty.

The winter has been a busy, and as far as the weather is concerned, a severe one, especially for the foreigners, and we find the Americans, *en masse*, are seeking the sunny climes of south Italy, and the festivities of Easter, in the Roman capital. Very truly yours,

CHAS. S. TURNBULL, M. D.

*"Vergleichende Embryologie der Wirbelthiere," Vienna, 1874.

DOMESTIC.

Corrections.

ED. MED. AND SURG. REPORTER:—

Please allow me to correct some errors made in the notice of the "Transactions of the Medical Society, of Virginia," in your issue of to-day (p. 333).

1. The *Virgina Medical Monthly* is *not* published through the labors of the Medical Society of Virginia. It is purely an individual enterprise, and is conducted independently of any society, corporation or institution. That it has received the endorsement of the Medical Society of Virginia, was a compliment unexpected by the editor, but one which has been appreciated and acknowledged.

2. There are only *two* flourishing medical colleges in the State, viz., the Medical Department of the University of Virginia, and the Medical College of Virginia, in Richmond. There is no medical department connected with that very excellent academic college, Hampden Sidney.

3. The present Medical Society of Virginia is not a *re*-organization, except in an accommodated sense. It is a *new* organization, and has fallen heir to none of the property of the former organization. Very respectfully,

LANDON B. EDWARDS, M. D.

Richmond, Va., April 24th, 1875.

NEWS AND MISCELLANY.

American Medical Association in 1876.

On motion of Dr. Pepper, the Philadelphia County Medical Society extended, at its last meeting, a unanimous invitation to the American Medical Association to meet in this city in 1876.

Northern Medical Association of Philadelphia.

A Stated Meeting will be held at the Hall of the Northern Dispensary, 608 Fairmount Avenue, on Friday Evening, May 14th instant, at 8 o'clock. Subject for Discussion, Diphtheria. To be introduced by Dr. S. H. Griffith. Medical profession, cordially invited.

CHARLES CARTER, *Secretary.*

Medical Society of New Jersey.

The 109th Annual Meeting of the Medical Society of New Jersey, will be held in Congress Hall, at Atlantic City, on Tuesday evening, May 25th, at half-past 7 o'clock, and will continue in session the following day.

WM. PIERSON, Jr.

Personal.

—Two physicians in Quincy, Illinois, have been sued by a patient on whom they operated for hernia. The declaration states that the defendants conducted themselves in an ignorant manner, by unnecessarily, wantonly, improperly and unskillfully performing a surgical operation on the body of plaintiff, by cutting through the flesh of said plaintiff into the cavity and through the left lower region of the abdomen, and in an unskillful manner the defendants took and removed from the cavity of the abdomen of plaintiff 25 feet of bowels, by reason of which ignorance his recovery is greatly impeded!!

—The death of Dr. William Beattie, at the age of eighty-two, is announced. He was an intimate friend of the poet Campbell, whose life he wrote, of Lady Byron, Rogers, the Countess of Blessington, and other famous persons. He wrote much himself, both in poetry and prose.

—After almost endless negotiations with various professors, which have always fallen through, it seems to have been finally decided that Prof. Heschl, of Graz, a former pupil of Rokitansky, shall succeed him in the chair of Pathological Anatomy.

—Dr. Alexander Göschen, editor of the *Deutsche Klinik*, died recently, somewhat suddenly, of pneumonia, in the sixty-second year of his age. He founded the *Deutsche Klinik* twenty-six years ago, and edited it to the time of his death; it being the first great medical weekly journal ever established in Germany.

OBITUARY.

DR. ADDISON NILES.

Died, in Quincy, Illinois, on the 5th of April, 1875, of tuberculosis, Addison Niles, M. D. He was born at Prattsburgh, Steuben county, New York, April 26th, 1812. He studied medicine with his father, Dr. Noah Niles; attended lectures and received his degree at the Medical College of Geneva, New York, in 1835. He practiced his profession with his father until 1845, when he took another course of lectures at the Jefferson Medical College, Philadelphia, Pa. Removed in 1856 to Lockport, New York, and finally settled in Quincy, Illinois, in 1861. Dr. Niles was first married in 1835, to Martha Mills, at Naples, New York, and by her had three children. His wife dying, he was again married in 1848, to Eliza C. Whiting, of Bath, Steuben county, New York; had two children by second wife. He became a member of the Masonic order in 1855. Was a member of the Episcopal Church until 1872, when he joined the Catholic Church, in which faith he died. Dr. Niles organized the Quincy Medical Society, and was elected President of the same for several years. He united with several other physicians and organized the Medico-Pathological Society. He was its President for one term.

Dr. Niles was a very studious and diligent physician. He devoted every moment of his time, when not professionally engaged, in reading and improving himself. Personally, he was a kind and good man, and devoted to his family. As a physician, he enjoyed the confidence of all who came in contact with him. He was a very careful and successful practitioner, untiring in his efforts to make out a correct diagnosis of his cases. He was a man of strong convictions, slow to arrive at conclusions, but once convinced that he was right, nothing but absolute proof to the contrary could change him. His ideas of right and wrong were paramount to everything else. In his intercourse with his professional brethren he was very exact, conscientious and courteous. He had and deserved to have, quite a large practice.

In his death, the medical profession has lost a good member, and society a useful and honest man.

P. A. M.

E. D. SHARPE, M. D.

On the 25th of March, 1875, at his residence in Rimersburg, Clarion county, Pa., Dr. E. D. Sharpe, in the 33d year of his age. He retired in comparative good health in the evening, and died before the next morning, without any apparent cause.

Though yet a young man he had established a good practice, and bore an unblemished reputation. He was universally beloved and respected, for his uniform kindness toward those he came in contact with, and for his gentle affability of manners. His loss is deeply mourned by a sorrowing community.